

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Martin Zimmerling, Claude Jolly

Application No.: 10/726,066

Group No.: 3763

Filed: 12/02/2003

Examiner: Koharski, C.

For: Fluid Switch Controlled Trans-cutaneously Via a Magnetic Force

***RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
3763***

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL**

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application. Also enclosed is a copy of the Supplemental IDS filed on May 17, 2006, and a copy of the date-stamped return postcard.

**STATUS**

2. Applicant is a small entity. A statement was already filed.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)			SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE		
TOTAL	32	MINUS	33	= 0	x	\$ 25.00	= \$	0.00	
INDEP	2	MINUS	3	= 0	x	\$ 100.00	= \$	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+	\$ 0.00	= \$	0.00	
TOTAL							\$	0.00	
ADDIT. FEE									

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

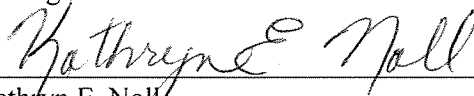
No additional fee for claims is required.

### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: November 7, 2006

  
 Kathryn E. Noll  
 Registration No. 48,811  
 BROMBERG & SUNSTEIN LLP  
 125 Summer Street  
 Boston, MA 02110-1618  
 U.S.  
 617-443-9292  
 Customer No. 02101

REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
TECHNOLOGY CENTER 3763

Attorney Docket No.: 1941/172

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Zimmerling et al.	Art Unit:	3763
App. No.:	10/726,066	Examiner:	Christopher Koharski
Filing Date:	December 2, 2003	Conf. No.:	2565
For:	FLUID SWITCH CONTROLLED TRANS-CUTANEOUSLY VIA A MAGNETIC FORCE		

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. §1.116**

Dear Sir/Madam:

In response to the final Office action dated August 25, 2006, Applicants submit herewith the following amendment.

Please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

**Conclusion** begins on page 12 of this paper.